

Department of Alcoholic Beverage Control

CUSTOMER SERVICE SURVEY

The Business, Transportation and Housing Agency and the Department of Alcoholic Beverage Control would like to provide you with the best possible service and your input is vital to our success. Please help us serve you and others better by taking a few minutes to answer the questions below. Thank you for responding.

What was the nature of your contact with us?

General Information
Permitting/Licensing
Assistance

Problem Resolution
Registration
Assistance

Technical Assistance
Other:

	<i>Check As Appropriate</i>				
STATEMENTS	<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>	<i>No Comment Or N/A</i>
Staff was courteous and helpful					
Staff provided complete, accurate information to you.					
A timely response was provided.					
My overall experience was positive.					
<i>Please complete the section below if your contact with us involved permitting/licensing/registration assistance.</i>					
The regulations were understandable.					
The application instructions were understandable.					
The permit/license/registration forms and conditions were understandable.					

Please indicate the name(s) of any staff person you would like to commend:

Comments:

If you feel we fell short in meeting your service expectations, please describe the situation, including name of the staff person involved and the date the incident occurred.

As a result of your experience with us, what service-related improvements can you recommend?

Optional	
Your Name	
Email	
Daytime Phone	
Street	
City	
State	
Zip	

Please print out this survey form and mail it directly to the department, please mail to:

Office of the Director
Department of Alcoholic Beverage Control
3810 Rosin Ct., Ste. 150
Sacramento, CA 95834